

Fire Apparatus Driver/Operator - Pumper
Local Verification
NFPA 1002, 2003 edition

Candidate's Name: _____ SSN: _____

Objective 1.4.1

The fire department vehicle driver/operators shall be licensed to drive all vehicles they are expected to operate. (*Possesses a valid Idaho Driver's License*)

Objective 1.4.2

The fire department driver/operator shall be subject to periodic medical evaluation, as required by NFPA 1500, Section 10.1, Medical Requirements, to determine that the driver/operator is medically fit to perform the duties of a fire department vehicle driver/operator.

Affirmation

I have reviewed the candidate's file and certify that the candidate identified above meets the driver license requirement and meets the periodic medical evaluation requirements. Local department records can document all information listed above.

Fire Chief: _____ Date: _____

Fire Department: _____

Signature of Candidate: _____ Date: _____

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Objective 4.3.6

The candidate must demonstrate operating a vehicle using defensive driving techniques under ***emergency conditions***, so that control of the vehicle is maintained.

4.3.6(A) Requisite Knowledge: The effects on vehicle control of liquid surge, braking reaction time, and load factors; the effects of high center of gravity on roll-over potential, general steering reactions, speed, and centrifugal force; applicable laws and regulations; principle of skid avoidance, night driving, shifting and gear patterns; negotiation of intersections, railroad crossings, and bridges; weight and height limitations for both roads and bridges; identification on operation of automotive gauges; operational limits.

4.3.6(B) Requisite Skills: The ability to operate passenger restraint devices; maintain safe following distances; maintain control of the vehicle while accelerating, decelerating, and turning, given road, weather, and traffic conditions; operate under adverse environmental or driving surface conditions; and use automotive gauges and controls.

Affirmation

I certify that the candidate identified above has demonstrated operating a vehicle using defensive driving techniques under emergency conditions, so that control of the vehicle was maintained. Local department records can document all information listed above.

Fire Chief: _____ Date: _____

Fire Department: _____

Signature of Candidate: _____ Date: _____